# Policy for Reimbursement for Endometrial Biopsy for the Management of Atypical Glandular Cell Pap Test Results

This policy addresses the management of Women's Health Connection (WHC) Program-eligible clients who may benefit from an endometrial biopsy for the management of atypical glandular cell (AGC) Pap test results.

Effective June 30, 2007, endometrial biopsy as a diagnostic procedure may be reimbursed for management of women with atypical glandular cell (AGC) findings on cervical cancer screening Pap tests by the WHC Program for eligible women.

The approved Physicians' Current Procedural Terminology, or CPT, code and its associated rate is:

58100	Endometrial sampling (biopsy) with or without endocervical sampling	\$109.91
	(biopsy), without cervical dilation, any method (separate procedure)	

### Criteria

This policy follows the American Society of Colposcopy and Cytopathology (ASCCP) 2001 Consensus Conference on Management of Abnormal Cytology Results published guidelines.

## Women 40 Years of Age and Older

The WHC Program will reimburse for endometrial biopsy for management of women that are 40 years of age and older with AGC Pap test results.

The following protocol is recommended for the management of women 40 years and older with AGC Pap test results:

- Colposcopy
- Endocervical curettage
- Endometrial biopsy

## Women Under 40 Years of Age

Under limited circumstances, reimbursement for an endometrial biopsy will be done for women under 40 years of age. These clients must be established patients of the Community Health Nursing Program, Bureau of Community Health, Health Division, Nevada's Department of Human Resources. The WHC Program will reimburse for endometrial biopsy for these clients only if the woman gave a recent history of abnormal vaginal bleeding.

### Reimbursement Process

To ensure appropriate reimbursement, please indicate on the Cervical Diagnostic Form that an endometrial biopsy was performed, the date it was performed, and the results of the biopsy. This information must be attached to the Health Insurance Claim form (HICF) for reimbursement.

There is no prior authorization process.